

# King County Consultant Disclosure Form



Department of Executive Services

## Board of Ethics

Bank of America Tower, BOA-ES-

701 Fifth Avenue, Suite 3460

Seattle, WA 98104

206-296-1586 206-205-0725 Fax

TTY Relay: 711

board.ethics@metrokc.gov

### Please Read Carefully

**NO PAYMENT WILL BE MADE TO THE CONSULTANT  
UNTIL THIS FORM HAS BEEN FILED WITH THE CONTRACT  
AND WITH THE KING COUNTY BOARD OF ETHICS**

Date Received \_\_\_\_\_

Audit Date \_\_\_\_\_

Date Closed \_\_\_\_\_

*For Board of Ethics use only*

Pursuant to King County Code (K.C.C.) 3.04.120, each consultant entering into a contract to provide professional or technical services to the county costing in excess of \$2500 shall complete and file this disclosure form with the King County Board of Ethics and the County Executive. Use additional pages, if necessary. Submit two completed forms: file one with the Board of Ethics, Bank of America Tower, 701 Fifth Avenue, Suite 3460, Seattle, WA, 98104, Mail Stop BOA-ES-3460, and the other with the contract with the Finance and Business Operations Division, Procurement & Contracts Services Section, Exchange Building, 8<sup>th</sup> floor, 821 Second Avenue, Seattle, WA, 98104, Mail Stop EXC-ES-0825.

Unless otherwise required on this form, the information disclosed shall cover the period of 24 months before and including the date of filing of this sworn statement. If the information reported on this form should change, the consultant is required to submit an amended form.

For purposes of this disclosure form, "consultant" means a person (e.g., individual, partnership, association, corporation, firm, institution or other entity as defined in K.C.C. 3.04.017) who by experience, training and education has established a reputation or ability to provide professional or technical services, as defined in K.C.C. 4.16.010, on a discrete, nonrecurring basis over a limited and pre-established term as an independent contractor to the County.

**PLEASE TYPE OR PRINT ALL INFORMATION, EXCEPT REQUIRED SIGNATURE.  
ALL INCOMPLETE FORMS WILL BE RETURNED.**

Today's Date: \_\_\_\_\_ Contract Number: \_\_\_\_\_ Amount of Contract: \_\_\_\_\_

Consultant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Effective Date of Contract: \_\_\_\_\_ Expiration Date of Contract: \_\_\_\_\_

Type of Services Contracted: \_\_\_\_\_

Contracting County Department \_\_\_\_\_ Division: \_\_\_\_\_

County Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**1. List the name of any former county employee who is or will be working for the consultant on this contract whose employment with the county ended within two years from the signing of this form. If none, check this box. [ ]**

Name of Former Employee: \_\_\_\_\_

Former County Department: \_\_\_\_\_ Date Terminated/Ended: \_\_\_\_\_

**2. List the name of any former county employee who has a financial or beneficial interest in this contract whose employment with the county ended within two years from the signing of this form. If none, check this box. [ ]**

Name of Former Employee: \_\_\_\_\_

Former County Department: \_\_\_\_\_ Date Terminated/Ended: \_\_\_\_\_

**3. List any office or directorship in the consultant held by any county employee or member of his or her immediate family. If none, check this box. [ ]**

Office/Directorship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

**4. Indicate any financial interest in the consultant held or received by any county employee or any member of his or her immediate family. If none, check this box. [ ]**

Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Percentage of stock or other form of interest in the consultant, if more than 5% (indicate percentage of stock or other interest, amount/value & describe): \_\_\_\_\_

Receipt of compensation, gift or thing of value from the consultant (indicate amount/value & describe): \_\_\_\_\_

**5. List all contracts between the consultant and the county in the five years immediately preceding the presently contemplated contract. If none, check this box. [ ] Additional space on next page; attach a separate sheet if necessary.**

Contract No.	Type of Services Provided	Amount Paid to Consultant	Duration (From - To)	County Department and Division

6. List any position or positions on any county board or commission, whether salaried or unsalaried, held by any officer or director of the consultant in the five years immediately preceding the presently contemplated contract. If none, check this box. [ ]

Officer/Director Name: \_\_\_\_\_

Position: \_\_\_\_\_

Name of County Board or Commission: \_\_\_\_\_

7. Is there any other information known to the consultant about any interest or relationship between any county employee, including any member of his or her immediate family and the consultant other than that disclosed above. If so, please explain. If none, check this box. [ ]

---

---

---

---

---

---

---

---

**DECLARATION**

I, \_\_\_\_\_, declare under penalty of perjury  
(print name)

under the laws of the State of Washington that the foregoing is true, complete, and correct.

\_\_\_\_\_  
(Signature) (Title)

Signed this \_\_\_\_\_ day of \_\_\_\_\_,  
(Month) (Year)

at \_\_\_\_\_  
(City) (State)

King County Board of Ethics • Bank of America Tower  
701 Fifth Avenue • Suite 3460 • Seattle, WA 98104  
206-296-1586 • FAX 206-205-0725 • TTY Relay: 711 • [board.ethics@metrokc.gov](mailto:board.ethics@metrokc.gov)  
This form is available on the Board of Ethics web site: [www.metrokc.gov/ethics/](http://www.metrokc.gov/ethics/)  
Revised May 2004

**ALTERNATE FORMATS AVAILABLE UPON REQUEST**